Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS A                                                                | S FILED -                                                                              | PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | i                                        |                                                                                    |     | SMALL E                                                                  | NTITY                  |                   | OTHER                                                                       | THAN                   |
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| TOTAL CLAIMS            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | 12,                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                    |     | RATE                                                                     | FEE                    | ٦.                | RATE                                                                        | FEE                    |
| FOR                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | NUMBER FILED                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUME                                     | BER EXTRA                                                                          |     | BASIC FEE                                                                | 385.00                 | OR                | BASIC FEE                                                                   | 770.00                 |
| TOTAL CHARGEABLE CLAIMS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | 12 minus 20=                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                        |                                                                                    |     | XS 9=                                                                    | ·                      | OR                | X\$18=                                                                      |                        |
| INDEPENDENT CLAIMS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | minus 3 =                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                                        |                                                                                    |     | X43=                                                                     | <u> </u>               | OR                | X86=                                                                        |                        |
| ML                      | JLTIPLE DEPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NDENT CLAIM P                                                           | RESENT                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                    |     | +145=                                                                    |                        | 1                 |                                                                             |                        |
| * 11                    | the difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e in column 1 is                                                        | less than ze                                                                           | ero, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | "0" in c                                 | column 2                                                                           | ' I | TOTAL                                                                    | -                      | OR                | +290=                                                                       | 770                    |
| CLAIMS AS A             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | MENDED - PART II                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                    |     | IUIAL                                                                    |                        | OR                | TOTAL OTHER                                                                 | THAN                   |
|                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1)                                                              | (Colum                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nn 2)                                    | (Column 3)                                                                         |     | SMALL                                                                    | ENTITY                 | OR                | SMALL I                                                                     |                        |
| AMENDMENT A             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | į                                                                                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BER<br>BUSLY                             | PRESENT<br>EXTRA                                                                   |     | RATE                                                                     | ADDI-<br>TIONAL<br>FEE |                   | RATE                                                                        | ADDI-<br>TIONAL<br>FEE |
|                         | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                                                       | Minus                                                                                  | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | = .                                                                                |     | X\$ 9=                                                                   | ٠                      | OR                | X\$18=                                                                      |                        |
|                         | Independent * Mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | Minus                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | =                                                                                  |     | X43=                                                                     |                        | OR                | X86=                                                                        |                        |
|                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIM                                    |                                                                                    |     | +145=                                                                    |                        | OR                | +290=                                                                       |                        |
|                         | 1-1-1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                    | L   | TOTAL                                                                    |                        |                   | TOTAL                                                                       |                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                        |                                                                                    | A   | DDIT. FEE                                                                |                        | ,                 | ADDIT. FEE                                                                  |                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                              |                                                                                        | (Colum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nn 2)                                    | (Column 3)                                                                         |     |                                                                          |                        |                   |                                                                             |                        |
| IENT B                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                             |                                                                                        | (Colum<br>HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EST<br>BER<br>USLY                       | PRESENT EXTRA                                                                      |     | RATE                                                                     | ADDI-<br>TIONAL<br>FEE |                   | RATE                                                                        | ADDI-<br>TIONAL<br>FEE |
|                         | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER                                            | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EST<br>BER<br>USLY                       | PRESENT                                                                            |     | RATE X\$ 9=                                                              | TIONAL                 | OR                | RATE X\$18=                                                                 | TIONAL                 |
| AMENDMENT B             | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT                                        | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EST<br>BER<br>USLY<br>FOR                | PRESENT<br>EXTRA                                                                   |     |                                                                          | TIONAL                 | OR<br>OR          |                                                                             | TIONAL                 |
|                         | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EST<br>BER<br>USLY<br>FOR                | PRESENT<br>EXTRA                                                                   |     | X\$ 9=                                                                   | TIONAL<br>FEE          | OR                | X\$18=                                                                      | TIONAL                 |
|                         | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT                                        | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EST<br>BER<br>USLY<br>FOR                | PRESENT<br>EXTRA                                                                   |     | X\$ 9=<br>X43=<br>+145=<br>TOTAL                                         | TIONAL<br>FEE          | OR<br>OR          | X\$18=<br>X86=<br>+290=                                                     | TIONAL                 |
|                         | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT                                        | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EST<br>BER<br>USLY<br>FOR                | PRESENT<br>EXTRA                                                                   | A   | X\$ 9=<br>X43=<br>+145=                                                  | TIONAL<br>FEE          | OR<br>OR          | X\$18=<br>X86=<br>+290=                                                     | TIONAL                 |
| C AMENDMENT             | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  * NTATION OF MU                    | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIM  CLAIM  ST  ER  USLY               | PRESENT<br>EXTRA                                                                   | A   | X\$ 9=<br>X43=<br>+145=<br>TOTAL<br>DDIT. FEE                            | TIONAL<br>FEE          | OR<br>OR          | X\$18=<br>X86=<br>+290=                                                     | TIONAL                 |
| C AMENDMENT             | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus                                                                                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIM  CLAIM  ST  ER  USLY               | PRESENT EXTRA  =  (Column 3)  PRESENT                                              |     | X\$ 9=<br>X43=<br>+145=<br>TOTAL<br>DDIT. FEE                            | ADDI-<br>TIONAL<br>FEE | OR<br>OR          | X\$18=<br>X86=<br>+290=<br>TOTAL<br>ADDIT. FEE                              | ADDI-TIONAL            |
| C AMENDMENT             | Independent FIRST PRESE  Total Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus  JLTIPLE DEP  Minus  Minus                                                       | (Columnia Higher NUMB) PREVIOUS PAID FOR THE NUMBE PREVIOU | CLAIM  CLAIM  ST ER USLY OR              | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                        |     | X\$ 9=  X43= +145= TOTAL DDIT. FEE                                       | ADDI-<br>TIONAL<br>FEE | OR OR             | X\$18= X86= +290= TOTAL ADDIT. FEE                                          | ADDI-TIONAL            |
| C AMENDMENT             | Independent FIRST PRESE  Total Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus  JLTIPLE DEP  Minus  Minus                                                       | (Columnia Higher NUMB) PREVIOUS PAID FOR THE NUMBE PREVIOU | CLAIM  CLAIM  ST ER USLY OR              | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                        |     | X\$ 9=  X43= +145= TOTAL DDIT. FEE  RATE  X\$ 9=  X43=                   | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR    | X\$18=<br>X86=<br>+290=<br>TOTAL<br>ADDIT. FEE<br>RATE<br>X\$18=<br>X86=    | ADDI-TIONAL            |
| - AMENDMENT C AMENDMENT | Independent FIRST PRESE  Total Independent FIRST PRESE  the entry in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus  Minus  Minus  Minus  LTIPLE DEP                                                 | (Column HIGHE NUMB PREVIOU PAID F  ***  ***  ENDENT (  Column HIGHE NUMB PREVIOU PAID F(  ***  ENDENT (  ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIM  CLAIM  CLAIM  CLAIM               | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =                                  |     | X\$ 9=  X43= +145= TOTAL DDIT. FEE  RATE  X\$ 9=  X43= +145= TOTAL       | ADDI-<br>TIONAL<br>FEE | OR OR OR          | X\$18=  X86=  +290=  TOTAL ADDIT. FEE  X\$18=  X\$6=  +290=  TOTAL          | ADDI-TIONAL            |
| AMENDMENT C AMENDMENT   | Independent FIRST PRESE  Total Independent FIRST PRESE  the entry in column the "Highest Num the "Highest Nu | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus  Minus  Minus  Minus  LTIPLE DEP  e entry in colunid For IN THIS  id For IN THIS | (Columnia Higher NUMB) PREVIOUS PAID FOR STACE IS SPACE IS IS IS IS IS IN INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM  CLAIM  CLAIM  CLAIM  CLAIM  CLAIM | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  100  100  100  100  100  100  1 | AE  | X\$ 9=  X43=  +145= TOTAL DDIT. FEE  X\$ 9=  X43=  +145= TOTAL DDIT. FEE | ADDI-<br>TIONAL<br>FEE | OR OR OR OR OR OR | X\$18=  X86=  +290=  TOTAL ADDIT. FEE  X\$18=  X86=  +290=  TOTAL DDIT. FEE | ADDI-TIONAL            |